

UNITED STATES DISTRICT COURT

for the

Northern District of California

CHARLES JOHNSON

Plaintiff

v.

OAKLAND POLICE OFFICERS R. ENDOW

Defendant

)  
)  
)  
)  
)

Civil Action No. CV 08-03140 JCS

**Summons in a Civil Action**

To: *(Defendant's name and address)*

see Attachment

A lawsuit has been filed against you.

Within 20 days after service of this summons on you (not counting the day you received it), you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney, whose name and address are:

If you fail to do so, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Richard W. Wieking

Name of clerk of court

Date: 8/12/08

Deputy clerk's signature

*(Use 60 days if the defendant is the United States or a United States agency, or is an officer or employee of the United States allowed 60 days by Rule 12(a)(3).)*

**Proof of Service**

I declare under penalty of perjury that I served the summons and complaint in this case on \_\_\_\_\_,  
by:

- (1) personally delivering a copy of each to the individual at this place, \_\_\_\_\_;  
\_\_\_\_\_; or
- (2) leaving a copy of each at the individual's dwelling or usual place of abode with \_\_\_\_\_  
who resides there and is of suitable age and discretion; or
- (3) delivering a copy of each to an agent authorized by appointment or by law to receive it whose name is  
\_\_\_\_\_; or
- (4) returning the summons unexecuted to the court clerk on \_\_\_\_\_; or
- (5) other (*specify*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

Date: \_\_\_\_\_

\_\_\_\_\_  
Server's signature

\_\_\_\_\_  
Printed name and title

\_\_\_\_\_  
Server's address

Attachment to Civil Summons

Case No. C 08-3140 JCS

Officer R. Endow  
Oakland Police Department  
1515 Clay Street, #8  
Oakland, CA 94612

Officer K. Staggs  
Oakland Police Department  
1515 Clay Street, #8  
Oakland, CA 94612

Officer L. Ausmus  
Oakland Police Department  
1515 Clay Street, #8  
Oakland, CA 94612

Officer S. Seder  
Oakland Police Department  
1515 Clay Street, #8  
Oakland, CA 94612

Officer T. Mork  
Oakland Police Department  
1515 Clay Street, #8  
Oakland, CA 94612

Officer R. Rosin  
Oakland Police Department  
1515 Clay Street, #8  
Oakland, CA 94612

Officer R. Vass  
Oakland Police Department  
1515 Clay Street, #8  
Oakland, CA 94612

Officer C. Cox  
Oakland Police Department  
1515 Clay Street, #8  
Oakland, CA 94612

Officer R. Jensen  
Oakland Police Department  
1515 Clay Street, #8  
Oakland, CA 94612

Oakland City Attorney's Office  
City Hall, 6<sup>th</sup> Floor  
1 Frank Ogawa Plaza  
Oakland, CA 94612

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See *"Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF CHARLES JOHNSON	COURT CASE NUMBER C 08-3140 JCS
DEFENDANT R. ENDOW, et al.	TYPE OF PROCESS Summons, Order and Complaint

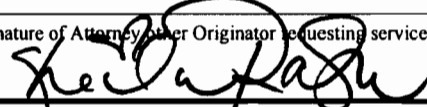
<b>SERVE AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
	Officer R. Endow
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Oakland Police Department, 1515 Clay Street, #8 Oakland, CA 94612

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	4
Wayne Jerome Johnson Attorney at Law P.O. Box 19157 Oakland, CA 94619	Number of parties to be served in this case	10
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Signature of Attorney or Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415/522-2099	DATE AUG 12 2008
--	---	----------------------------------	---------------------

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	No. _____	No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served ( <i>if not shown above</i> )	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address ( <i>complete only different than shown above</i> )	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					<b>\$0.00</b>

REMARKS:

**PRINT 5 COPIES:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00

U.S. Department of Justice  
 United States Marshals Service

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PLAINTIFF CHARLES JOHNSON	COURT CASE NUMBER C 08-3140 JCS
DEFENDANT R. ENDOW, et al.	TYPE OF PROCESS Summons, Order and Complaint

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
 Officer K. Staggs  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
 Oakland Police Department, 1515 Clay Street, #8 Oakland, CA 94612

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☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

415/522-2099

DATE

AUG 12 2008

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☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date \_\_\_\_\_ Time \_\_\_\_\_  
☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

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DEFENDANT R. ENDOW, et al.	TYPE OF PROCESS Summons, Order and Complaint

<b>SERVE AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
	Officer L. Ausmus
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Oakland Police Department, 1515 Clay Street, #8 Oakland, CA 94612

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Wayne Jerome Johnson  
Attorney at Law  
P.O. Box 19157  
Oakland, CA 94619

Number of process to be  
served with this Form 285

4

Number of parties to be  
served in this case

10

Check for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,  
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☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

415/522-2099

DATE

AUG 12 2008

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(Sign only for USM 285 if more  
than one USM 285 is submitted)

Total Process

District of  
Origin

No.

District to  
Serve

No.

Signature of Authorized USMS Deputy or Clerk

Date

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☐ A person of suitable age and discretion  
then residing in defendant's usual place  
of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges  
including endeavors

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or  
(Amount of Refund\*)**\$0.00**

REMARKS:

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PLAINTIFF CHARLES JOHNSON	COURT CASE NUMBER C 08-3140 JCS
DEFENDANT R. ENDOW, et al.	TYPE OF PROCESS Summons, Order and Complaint


**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Officer S. Seder  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
 Oakland Police Department, 1515 Clay Street, #8 Oakland, CA 94612

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Signature of Attorney or other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415/522-2099	DATE AUG 12 2008
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U.S. Department of Justice  
 United States Marshals Service

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PLAINTIFF CHARLES JOHNSON	COURT CASE NUMBER C 08-3140 JCS
DEFENDANT R. ENDOW, et al.	TYPE OF PROCESS Summons, Order and Complaint


**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Officer T. Mork  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
 Oakland Police Department, 1515 Clay Street, #8 Oakland, CA 94612

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Signature of Attorney or other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415/522-2049	DATE AUG 12 2008
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U.S. Department of Justice  
 United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
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PLAINTIFF CHARLES JOHNSON	COURT CASE NUMBER C 08-3140 JCS
DEFENDANT R. ENDOW, et al.	TYPE OF PROCESS Summons, Order and Complaint


**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
 Officer R. Rosin  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
 Oakland Police Department, 1515 Clay Street, #8 Oakland, CA 94612

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	Signature of U.S. Marshal or Deputy _____

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PLAINTIFF CHARLES JOHNSON	COURT CASE NUMBER C 08-3140 JCS
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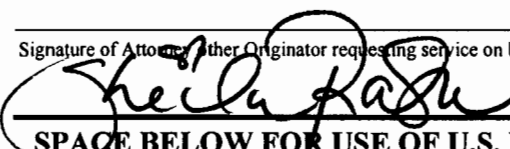
**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Officer R. Vass  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
 Oakland Police Department, 1515 Clay Street, #8 Oakland, CA 94612

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Address (complete only different than shown above)	Date <span style="float: right;">Time <input type="checkbox"/> am <input type="checkbox"/> pm</span>
Signature of U.S. Marshal or Deputy	

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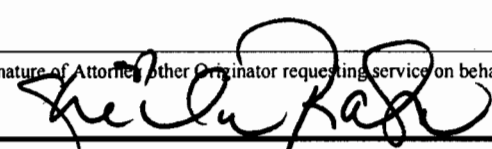
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Officer C. Cox  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
 Oakland Police Department, 1515 Clay Street, #8 Oakland, CA 94612

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CHARLES JOHNSONCOURT CASE NUMBER  
C 08-3140 JCSDEFENDANT  
R. ENDOW, et al.TYPE OF PROCESS  
Summons, Order and Complaint

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Officer R. Jensen

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

Oakland Police Department, 1515 Clay Street, #8 Oakland, CA 94612

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Wayne Jerome Johnson  
Attorney at Law  
P.O. Box 19157  
Oakland, CA 94619

Number of process to be  
served with this Form 285

4

Number of parties to be  
served in this case

10

Check for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE *(Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):*

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

415/522-2099

DATE

AUG 12 2008

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total  
number of process indicated.  
(Sign only for USM 285 if more  
than one USM 285 is submitted)

Total Process

District of  
Origin

No. \_\_\_\_\_

District to  
Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion  
then residing in defendant's usual place  
of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges  
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or  
(Amount of Refund\*)**\$0.00**

REMARKS:

**PRINT 5 COPIES:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00

U.S. Department of Justice  
 United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
 See "Instructions for Service of Process by U.S. Marshal"

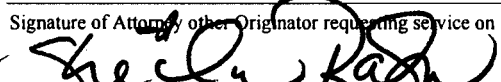
PLAINTIFF CHARLES JOHNSON	COURT CASE NUMBER C 08-3140 JCS
DEFENDANT R. ENDOW, et al.	TYPE OF PROCESS Summons, Order and Complaint

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
 Oakland City Attorney's Office  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
 City Hall, 6th Floor, 1 Frank Ogawa Plaza, Oakland, CA 94612

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Wayne Jerome Johnson Attorney at Law P.O. Box 19157 Oakland, CA 94619	Number of process to be served with this Form 285	4
	Number of parties to be served in this case	10
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold Fold

Signature of Attorney or other Originator requesting service on behalf of: 	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415/522-2099	DATE AUG 12 2008
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served ( <i>if not shown above</i> )	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address ( <i>complete only different than shown above</i> )	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					\$0.00

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